PTO/SB/17 (10-08)
Approved for use through 06/30/2010. OMB 0651-0032
U.S. Petert and Transmark Office: U.S. DEPARTMENT OF COMMERCE

Under the Pag	perwork Reduction Act o	respond to a collection of information unless it displays a valid OMB control number						
Effective on 12/08/2004,				Complete if Known				
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).						0/582,389-Conf. #3879		
FEE TRANSMITTAL				Filing Date		June 9, 2006		
For FY 2009				First Named Inventor Young-Hoon PARK				
TOTT 2003						. Ariani		
Applicant claims small entity status. See 37 CFR 1.27			Art Unit 165					
TOTAL AMOUNT OF PAYMENT (\$) 490.00				Attorney Docket No. 38		8884-0128PUS1		
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order None Other (please identify):								
X Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
x Credit any overpayments of fee(s) under 37 CFR 1.16 and 1.17								
FEE CALCULATION								
1. BASIC FILING, SEARCH, AND EXAMINATION FEES								
	F	LING FEES	SE	ARCH FEES	EXAMIN.	ATION FEES		
Application Ty	rpe Fee (	Small Entity	Fee (	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Food F	Paid (\$)
	330		540		220	110	rees	aiu (a)
Utility	220		100		140	70		
Design					170	70 85		
Plant	220		330					
Reissue	330		540		650	325		
Provisional	220	110	0	0	0	0		
2. EXCESS CLAIM FEES Small Entit  Fee (\$) Fee (\$)								
Fee Description Each claim over 20 (including Reissues)							52	26
Each independent claim over 3 (including Reissues)							220	110
Multiple dependent claims							390	195
Total Claims Extra Claims Fee (\$)			ee Paid (\$) Multiple Depe					
4 - or HP = x = Fee (\$) Fee Paid (\$)								
HP = highest number of total claims paid for, if greater than 20.  Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)								
Indep. Claims	Extra Clain	s Fee (\$)		ee Paid (\$)				
1 - or HP = X HP = Hydrest number of independent claims paid for, if greater than 3.								
3. APPLICATIO	N SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(3) and 37 CFR 1.16(s).								
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)								
- 100 = /50 = (round up to a whole number) x =								
Non-English Specification, \$130 fee (no small entity discount)								
Other (e.g., late filing surcharge): 1252 Extension for response within second month 490.00								
SUBMITTED BY SUBMITTED BY								
Signature	, and the lightest					Telephone	(703) 20	
Nama (Print/Type) Craig A. McRobble Data September 1, 2								r 1, 2009